

Application for Admission

Graduate Studies in Nursing

Please print in ink. Send application materials to the Office of Graduate Studies, Harris College of Nursing & Health Sciences, TCU Box 298625, Fort Worth, Texas 76129.

Contact Information

Mr. / Ms. _____
Last, first, middle

Preferred name _____

Other names used in the past _____

Social Security Number _____

Please notify TCU of any changes in contact information made during the admissions process.

E-mail Address

May we use your e-mail address to communicate with you regarding the status of your application and/or admission decision? Yes No

E-mail address _____

Present Address

Please print your address exactly as you wish to receive mail, including zip or postal code and country.

Address effective through _____
Date

PHONE NUMBERS

Please indicate the appropriate country, city or area codes

Home phone _____

Work phone _____

Fax number _____

Permanent Address

If different than present address, please print your address exactly as you wish to receive mail, including zip or postal code and country

PHONE NUMBERS

Please indicate the appropriate country, city or area codes

Home phone _____

Work phone _____

FOR OFFICE USE ONLY

TCU ID # _____

Application # _____

Educational Plans

Date of planned enrollment _____
Month, year

Have you ever previously applied to any graduate program at TCU? Yes No

If yes, were you admitted? Yes No

If yes, did you enroll? Yes No

Will you request that TCU accept transfer graduate credit earned at another university? Yes No

If yes, please submit the appropriate transcripts with this application.

Demographic Information

Date of Birth _____ Gender: Female Male

U.S. citizen? Yes No

If not, country of citizenship: _____

Have you ever been convicted of a felony? Yes No

If yes, attach an explanation. Disclosure in the affirmative does not automatically disqualify you for consideration for admission, but will initiate a review by appropriate University officials.

The following information request is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

1) Are you Hispanic or Latino?

____ Yes

____ No

2) Check one or more of the following groups in which you consider yourself to be a member:

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

I certify that the information presented in this application is complete and accurate.

Signature _____

Date _____

Graduate Application

*Graduate Studies in Nursing
Harris College of Nursing & Health Sciences*

Educational Background

Please list chronologically all educational institutions you have attended since high school. Two official transcripts from each institution must be sent to TCU.

School	Dates Attended	Major	Degree	Date Conferred

Type of Admission Requested

- Degree-seeking graduate admission: Master of Science in Nursing (MSN) (CNS or Education track)
- Clinical Nurse Leader (CNL) Program
- Post-master's Adult Health (med-surg) CNS Certificate (non-degree)
- Post-master's Nursing Education Certificate (non-degree)
- Post-master's Clinical Nurse Leader (CNL) Certificate (non-degree)
- Non-degree graduate admission: continuing education credit

Will you be requesting financial aid to attend TCU? Yes No

If yes, on a separate sheet of paper state briefly your financial condition and the extent to which need for financial aid is an element in your request for admission.

Test Scores (GRE or MAT)

GRE Date completed _____

Verbal _____ Quantitative _____ Analytical Writing _____

MAT Date completed _____

Percentile score _____

Registered Nurse License Number

RN number _____ State _____

Computer / Internet Expertise

- Low
- Medium
- High

Letters of Recommendation

Please provide the name and title or position for each of the three individuals from whom you have requested a letter of recommendation. These individuals should be able to assess your potential as a graduate student.

Name _____

Title or position _____

Name _____

Title or position _____

Name _____

Title or position _____

Instructions

- (required of all applicants) On a separate paper, provide a typed (no more than 250-350 words) description of your experience and vocational goals, and discuss how the program at TCU can help you achieve those goals.
- Have TWO complete OFFICIAL transcripts mailed from the Registrar's Office of each institution attended since high school. (**NOTE: If the school last attended was TCU, we will obtain transcripts that are on file in our Registrar's Office – you do not need to have them mailed.**)
- Send application materials to Office of Graduate Studies, Harris College of Nursing & Health Sciences, TCU Box 298625, Fort Worth, TX 76129.
- Include a non-refundable application fee of \$50 in the form of a personal check (drawn on a U.S. bank), money order, or cashier's check made payable to TCU.

All applications and required materials, including letters of recommendation must be received by February 1st.



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